



THE DESERT ANCHOR



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INSIDE THIS ISSUE:

FEATURE	1
CO AND CMC NEWS	2
CHAPLAIN'S CORNER	3
HEALTH & WELLNESS	5
PERSONNEL	7
BIOGRAPHY	8
EMF IN ACTION	9
COMMAND EVENTS	12



THE DESERT ANCHOR

The Desert Anchor is a newsletter devoted to the Sailors and families of EMF-Kuwait

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U. S. NAVY PHOTO BY HM3 STEENBLOCK

EMF Kuwait Frocks New Petty Officers

By HM2 Kellie Milton

On June 8, we congratulated our fellow shipmates in an event worthy of celebration. With four brand new Petty Officers and 13 Petty Officers advanced in rate, the honorable tradition of frocking took place. Frocking is believed to have originated from the idea of the monk's cloak, which would give its wearer priestly office and privilege. By donning the coat and accepting the duties of the next rank, our Petty Officers accept the duties and privileges that come along with it.

The pride hung in the air as the selectees removed their old blouses and were helped in adorning the



(L-R) HM3 E. Creutzberg, HM2 M. Holmes, HM2 C. Mabins, HM2 S. McBee, HM2 V. Silva Photo by HMCS Bob Lohner

blouse of their new rank. As our Commanding Officer, CAPT Faison, shook the hand of each Petty Officer, he placed the new cover upon their heads. The salute was rendered and returned with great pride and a beaming smile. For those of us that have experienced this wonderful occasion, we are delighted to share the honor that these naval traditions bestow upon its Sailors.



Front (L-R) RP3 M. Siegal, HM3 N. Carsman, HM2 S. Jerome, HM2 E. Slaughter, HM2 A. Aldeguer, HMCM D. Whigan, CAPT C. F. Faison. Back (L-R) HMCM E. Faulkner, IT3 C. Wellintine, HM2 G. Hubble, HM2 J. McDonough, HM1 T. Rawlinson, HM1 K. Vasquezluna. Photo by HM3 Debra Hanson

A WORD FROM THE C.O. AND CMC



CAPT C. F. FAISON

"In all creation, only man can look to the future."

This month, I'm going to talk about the future....your future. This quote is by Viktor Frankl. For those of you who have never heard of him, Dr. Frankl was a Jewish physician living in Vienna at the outbreak of the Second World War. When the Nazis conquered Austria, Frankl, along with other Jews, was sent off to the concentration camps. Frankl was sent to Auschwitz, the most notorious camp, where over two million men, women, and children were systematically murdered during the war. Because he was in relatively good health, he was not immediately gassed, but became slave labor and put to work laying railroad tracks for the advancing German Army preparing to invade Russia. Now, you know how the Nazis treated concentration camp prisoners. But, in the horror of Auschwitz, Frankl made an important observation about the other prisoners in the camp: those that could imagine life after the war and could imagine a future of good things to look forward to....those people lived...because they had a reason to live. They spoke of their families, of taking trips, of simple pleasures after the war and focused on life after Auschwitz. Another group could not imagine life after Auschwitz and could not see beyond the horror of the day. These people could only complain about their current situation, living from minute-to-minute, never looking to the possibilities of tomorrow. These people tended to die...because they had no reason to live. And so...Frankl realized that the key to living lay in one's ability to look to the future. He also realized that only mankind has this gift.

He's right. The camels outside our fence line don't have IRA plans. The cat back home isn't saving in a 401K. Birds don't have wills. There's no doggie bankers helping other dogs save money for a new doghouse or toy. Only mankind has the ability, the gift, to plan for the future....and then to realize the fruits of that planning. So....what are you doing with that gift?

Important question. For many of you, this deployment will end in the near future and you will go home. I know you are looking forward to that, as rightly you should. But....what happens after you get home? What happens next year? In two years? In ten? What do you want to be doing in fifteen years? With your life? Do you know? Have you given that any thought? Are you living your life in such a way that you will have a sense of accomplishment for all you've done.....or a sense of regret for missed opportunities? The answer is entirely....and totally....up to you. So how are you preparing for the rest of your life?

If you've got family, that question takes on even greater importance. How are you preparing for their future? What did you do today to help you realize that future...both for yourself and your family?

(Continued on next page. See **SKIPPER**)



HMCM (FMF) D. B. WHIGAN

France, Philippines, Vera Cruz, Guadalcanal, Tarawa, Iwo Jima, Inchon, Khe Sanh, Beirut, Granada, Kuwait, Somalia, Afghanistan, and Iraq. These are few places where Hospital Corpsmen, called "DOC" proved their dedication, courage, and determination either working in the ship, field hospital, battalion aid station, or as line company corpsman. Hospital Corpsmen have worked tirelessly to cure the sick, treat wounded, prevent the spread of disease, or provide life saving measures. Lt Gen Chesty Puller said, "You guys are the Marine's Doctors, there's no better in the business than a Navy Corpsman." The relationship between the Marine Corps and the Hospital Corps has been long standing. Corpsmen have sacrificed their lives along side the Marines in every conflict our country has ever participated in to include the Global War on Terrorism. **"Corpsman Up!" is a sound of hope for a wounded Marine.** June 17 is the 108th anniversary of our Hospital Corps. Let's look back at the history:

In 1775, Navy ship's medical section was limited to three men, a Surgeon, Surgeon's Mate and an enlisted. Between 1775 and 1814, there was no official title for enlisted medical personnel; however, "Loblolly boy" was commonly used because of the porridge or 'loblolly' that was fed to the ill. The loblolly boy was also assigned as attendant of the surgeon and responsible to issue supplies and manage hospital stores. In 1841, a new senior enlisted medical rate, **Surgeon's Steward** (equivalent to today's Chief Petty Officer) was introduced. At that time, Stewards were allowed to work only on the larger ships. Due to the expansion of the military in 1861, during the Civil War, the Navy made changes in their medical department. The title of Nurses replaced loblolly boys. The USS Rover became the first vessel commissioned as a hospital ship and was staffed by 30 surgeons and male nurses, and four nuns. The title "Surgeon's Steward" was abolished and replaced by three grades of **Apothecary** in 1866. The Apothecary First Class ranked as a Warrant Officer and Apothecary Second and Third Class were Petty Officers equivalent. In 1870, nurse as a title for junior enlisted was replaced by the title **"Bayman"** (defined as one who manned the sick bay).

During the Spanish-American War, Congress created a bill aimed at building the Navy's long needed Hospital Corps. Upon the approval of President William McKinley, the Hospital Corps was established on 17 June 1898.

The first Naval Hospital Corps School was established at Naval Hospital Portsmouth in Sep 1902. The first class of 28 corpsmen graduated in Dec 1902. Hospital Corps School was then moved to the Naval Hospital in Washington DC only to be closed in 1914. The next training schools opened in Newport, RI and Yerba Buena, CA. During World War I, Hospital Corps Schools were established in Great Lakes, University of Minnesota, Columbia University, and Philadelphia College of Pharmacy. During World War II, training schools were created in Brooklyn Naval Hospital, Farragut, ID, and Bainbridge, MD.

(Continued on page 10. See **CMC**)

CHAPLAIN'S CORNER

From the Desk of the Command Chaplain, LT Andrew Smith



Last week our command held a memorial ceremony for a Hospital Corpsman from Bethesda serving with the Marine Corps in Al Anbar province, Iraq. It was a solemn occasion as you might imagine coming within days of Memorial Day itself and within a month of the 108th Anniversary of the Hospital Corps.

One of the things that struck me very early in my career as a Navy Chaplain was the aura surrounding the corpsman who have earned our nation's highest award for heroism in combat, the Congressional Medal of Honor. At flight line medical at Marine Corps Air Station Cherry Point there hangs on the wall a collection of photos of Navy Hospital Corpsman who were awarded the Medal of Honor for their heroism in combat. At Bethesda down a passageway leading from the food court to Naval Medicine Education and Training Command there is a wall on which hang pictures and the citations of these heroes.

The Hospital Corps served heroically in World War I, their service and unspoken bond with their brethren, the Marines, was unmatched on the battlefield. The 684 personal awards received made the Hospital Corps, the most decorated American Unit of WWI. World War II became the period of the Hospital Corps greatest increase in manpower, and diversity of duty and sacrifice. Hospital Corpsman treated more than 150,000 combat casualties and more than 1,170 Corpsman lost their lives and thousands more were wounded. During the Korean War, 108 Hospital Corpsman were killed in action, and 638 Corpsman were killed during combat operations. The bombing of the barracks in Beirut resulted in the loss of 15 Hospital Corpsman's lives. In the Persian Gulf War and Somalia, casualties for Corpsman were minimal, but the sacrifices they made and the lives saved were tremendous.

The Hospital Corps is the most decorated branch of the United States Navy and has fought on the front lines of every battle in United States history since its inception. Hospital Corpsman have served courageously on ships and on the battlefields caring for injured Sailors and Marines. There have been 22 Congressional Medals of Honor awarded to Hospital Corpsman, half of all Medals of Honor awarded to the Department of the Navy. There have been 174 Navy Crosses, 31 Distinguished Service Medals, 943 Silver Stars, and 1553 Bronze stars awarded to Corpsman. There have been 14 naval vessels that have been named for Corpsman, and several hospitals and clinics bearing the name of courageous individuals that paid the ultimate sacrifice for our country.

As far as I know, HN (FMF) Geovani Padilla, the Corpsman who we remembered on 1 June, will not be awarded the Medal of Honor, however, he served with honor and distinction by being who he was for his Marines, "Doc." I have always been impressed with Navy Corpsman since I've learned so much about them throughout my career. From ships to the flight line to the naval hospital and now the expeditionary medical facility, there is no place where I have not served alongside Corpsman. And I am honored to serve alongside them and to learn something of the honor in which they serve. God bless us all in our service.

SKIPPER (continued from previous page)

Last month, I told you that the greatest gift you can give those you love is your service over here to help ensure the world you leave your loved ones is better than the world given to you. That's true. The second greatest gift you will give them is your legacy...what you do with your life. That's how you will be known and, ultimately, remembered. And...it's not how much money you made, what rank you attained, or how many things you accumulate during your life. It's how well you help those around you...those that look to you for guidance, for mentoring, for leadership, for support, or...for help. It's how well you loved...and were loved...and kept in the hearts of those that love you. In short, what you did with your life will be your legacy. What will be yours? Did you make a difference to others? Again, the answer depends entirely on you. It's easy to think your life is on hold while you are over here. However, life goes on and the legacy you give the ones you love depends on how well you use the time here...and the time when you get home...to realize your future.

Each of you is a hero of our nation and I have never been more honored to serve with a group of professionals than I have been to serve with you. Each of you deserves a "future of design" and not a "future of default." A future of design occurs when you plan for your future and then work to realize that plan...when you use that gift to look to the future. A future of default occurs when you don't plan, when you don't have a vision, when you choose to live from day-to-day, from week-to-week, from duty station to duty station. Each of you is too good to have a future of default. The hero that has the "future of design" is the one that uses those days, those weeks, those duty stations...to be stepping stones in his plan for life, in his plan for his family. If you have a plan, a path for your life, are you focused on where that path is taking you or are you focused on just the next stepping stone? Or, are you just walking down some random path without really knowing where it is going?

There's another reason I'm asking this of you and you've heard me speak of it in Captain's Calls: each of you is part of our future...Navy Medicine's future, the Navy's future, our nation's future. In each of you is the hope, the investment for a better tomorrow...a better Navy Medicine...a better Navy...a better America...a better world. Our ability to realize that better tomorrow is only as good as the investment we put into it today. In the not too distant future, one of you is going to be writing this column and have the privilege of leading young men and women who, like you, are the patriots of our nation. How well you will do in that role depends on how well you prepare today. As I told you, I expect you to go home better than when you came. Don't be surprised if I ask you, just before you get on the plane to go home, how you are leaving better than when you came. What will be your answer? If you're a leader at the command, you know what I expect: what are you doing to help those you lead? Do you know their plans? Can you guarantee they leave better than when they came? Again, don't be surprised if I ask you that question. What will be your answer...both for yourself and for those you lead?

"In all creation, only man can look to the future".....make sure you are doing everything you can to make that future...your future...our future...one of promise, of joy, of fulfillment so that, at the end, you look back with satisfaction and accomplishment. Each of you, from the E1 to the O6, deserves that and so much more.

Skipper

98th Nurse Corps Birthday Celebrated With Luau

By LCDR Tracy Swanson, NC, USN

The Expeditionary Medical Facility Kuwait (EMF) celebrated the 98th Birthday of the Navy Nurse Corps on May 14, with an evening luau in the "Bone Yard" behind the hospital at Camp Arifjan. There were over 100 in attendance including the EMF staff, United States Army dignitaries and military and civilian nurses from the United States Army and United States Embassy. The evening's events started with opening remarks by the Director of Nursing Services, Captain Kristijo Grau, followed by a barbeque steak and Indian themed dinner. Delicacies from the dining facility rounded out the menu. The traditional Nurse Corps birthday cake was cut by Captain Mary Jackson and Ensign Stephanie Searle, the senior and junior nurses present. "Boot Ensigns" were awarded to Ensign Timothy Whiting and Searle; Ensign Amy O'Neal received the "Bull Ensign." By Navy tradition, the "boot ensign" signifies the most junior officer in the command while the "bull ensign" signifies the most senior Ensign in the command. Entertainment was provided by the EMFK Nurse Corps hula dancers: LT Penny Delgado, LT Rebecca Taylor, LT Julie Bishop, LTJG Glenda Hedstrom, LCDR LaDawn White, LCDR Elizabeth Brumfield and LTJG Carole Louis who had been seen practicing weekly in the "I" Building lounge. Activities included hula dancing, water balloons and the limbo contest. LCDR Cynthia French took the lead of the Nurse Corps Birthday Luau Planning Committee with weekly coffee meetings. Island decorations and support were provided by generous and enthusiastic nurses from Virginia Commonwealth University Hospital who had heard of the luau plans. The evening was an interesting combination of tradition, innovation, and old fashioned fun.



Happy Birthday



CAPT Mary Jackson and ENS Stephanie Searle cut the 98th Nurse Corps birthday cake.



Expeditionary Medical Facility Kuwait nurses along with CAPT Faison. Photo by HM3 Debra Hanson



CAPT Faison presents the "bull" ensign to ENS Amy O'Neil.
Photo by HM3 Debra Hanson



CAPT Faison presents the "boot" Ensign to ENS Tim Whiting and ENS Stephanie Searle. Photo by HM3 Debra Hanson

HEALTH & WELLNESS



Performance Enhancement Using Proper Nutrition: Part II

By LTJG Amit Sood, MSC, USN

In this part of our series, we will look at what happens to carbohydrates, proteins, and fats when we eat them, and how much you generally need for your specific goal. Remember that 1 gram of carbohydrate has 4 calories, which is the same for protein, however 1 gram of fat has 9 calories. That's more than double!

When you eat carbohydrates, they go into muscle and liver glycogen storage. What's that you ask? Let's use the analogy of a car. When you put fuel into a car, it goes into the gas tank so you can use it when you run the engine. Just like that, your muscles act as a gas tank for carbohydrates! The stored form of carbohydrates in your muscles is called muscle glycogen. When you workout your muscles, they use this glycogen as a readily available source of fuel. Carbohydrates are also used by your brain for energy. Where do proteins go when you eat them? Well, ideally in your muscles for repair. Now, what about fat? I'll give you a clue, it's in the name. That's right! Dietary fat essentially feeds body fat more easily than carbohydrates or proteins. So don't waste your time decreasing carbohydrates from your diet to lose body fat, simply lower your fat intake by choosing low fat and lean options from the meat and dairy group. This way you will be taking in fewer calories from the foods you choose and your body will learn to lose more body fat as you continue to exercise. Again, you don't want to cut fat completely out of the diet; however you want to focus on unsaturated fats as discussed in Part I. Many bodybuilders make the mistake of eating everything and anything in sight! What's the problem with this? Well, one could be consuming tons of fat from fried foods and not obtaining adequate nutrients from wholesome foods. Also, there is no scientific basis on which to recommend high fat diets to athletes, as it is not a readily available source of energy.

The recommended carbohydrate intake for athletes ranges between 6 to 10g/kg body weight per day (1 kg = 2.2 lbs). The amount required depends on the type of athlete and energy expenditure. For example, an endurance athlete needs more carbohydrates than a body builder. Whole grains provide complex carbohydrates; one serving is approximately the size of your palm, which contains roughly 15g of carbohydrates. In terms of fruits or vegetables, have at 'em! But get at least 5 servings of both combined, such as 3 veggie servings and 2 fruit servings per day. These 3 groups (Grains, Fruits, and Vegetables) consist of your major sources of carbohydrates. It is the primary source of fuel for the body engine, do not neglect them or your muscles will suffer!

Protein intake for endurance athletes should range between 1.2-1.4g/kg body weight. This is roughly 0.5-0.6 grams of protein per pound body weight. Simply stated, protein intake should be a little more than half your body weight in pounds. For those who focus on strength and resistance training, protein can be as high as 1.6-1.7g/kg body weight. This is roughly 0.7-0.8 grams of protein per pound body weight. Example: 180 pound bodybuilder would need maximum of 140g protein. Research has shown that any more than about 0.8g protein/pound body weight and we see traces of protein in the urine. This simply states that excess protein is processed in the kidneys and sent out as waste product. Protein needs can be easily met through diet alone, without the use of supplements. The time to use supplements such as protein shakes might be if you don't have the time to eat, if you are on a vegetarian diet that restricts animal products, or for quick repletion immediately post-workout. And this concept takes us to the "Timing" part of nutrition and exercise enhancement, which we will look at next time.

More pictures from the 98th Nurse Corps Birthday celebration

Photos by HM3 Debra Hanson



CT Scanner in a Box

By CDR William Craig, MC, USN



The CT Scanner is enclosed in a climate controlled CONEX box adjacent to Casualty Receiving. Photo by HM3 Debra Hanson

The hospital at Camp Arifjan installed a new Philips Mx8000 Dual-slice Computed Tomography (CT) Imaging System last week. The replaced scanner was the department's work horse but was susceptible to heat overload and could not perform the newer applications which practitioners have come to expect.

Like its predecessor, the scanner is designed and packaged for transportation and deployment at remote

locations. The scanner is first installed in an expandable ISO shelter that is engineered to withstand shock and vibrations during military transportation. The new scanner shipped out with staff from Maryland's Navy Medical Logistics Command who, with support from Qatar staff and the EMF personnel, assembled the unit and attached it to the periphery of Radiology.



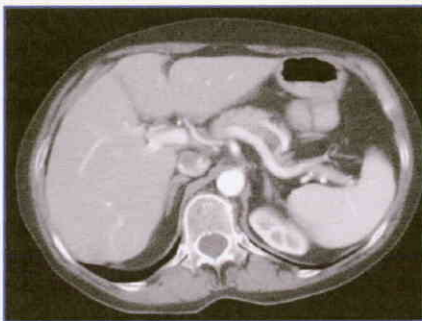
HM2 Perry Johnson prepares a patient for scanning. Photo by CDR William Craig.

The Mx8000 scans at double the speed of its replacement thanks to double the number of detector rows in the scanner's gantry. The gantry is the round doughnut shaped housing through which the patient moves. This faster imaging means more slices. More slices translate into cleaner, sharper images for better accuracy of diagnosis and more, advanced applications.

These applications include whole body scans for trauma, multi-planar reformatting and CT angiography which allows imaging of blood vessels. Previously unachievable, blood clots trapped in the lung can now be diagnosed by CT. A very important diagnosis because if treated, almost all patients recover.

This new scanner is configured for sub-millimeter detail in any scan plane. This enables confident diagnosis and early detection of subtle abnormalities.

The Radiology Department thanks all those who helped in bringing this cutting edge technology to EMF Kuwait. We are standing by to assist in solving even the most challenging problems.



CT slice through the upper abdomen.

You Have an Open Door to Education

By LCDR Todd Saylor, NC, USN

At the EMFK, there are a plethora of training opportunities for those willing to seek them out. First, the isolated rural community hospital milieu makes for a great learning environment. Let's face it; there is plenty of time to ask questions. If you have some initiative, you can do stuff that you normally wouldn't have the opportunity to do. There are no medical students or residents to compete for procedures. Medical Staff that are accustomed to training environments are brimming with information, and they don't have anyone to give it to but you.

I am applying for the Nurse Anesthesia DUINS program while I am here, so I came to EMFK with the idea that I would spend my spare time with anesthesia providers. Because of the lack of obstacles, I have had the opportunity to learn and do a great deal. I think of my friends back home who may get to spend a couple of weeks in the OR! Because I am here, I can get six months of anesthesia experience—all the while fulfilling the mission I was sent here to do. If it sounds too good to be true! It's not.

Dr. Acosta, who was recently bid farewell, is going to be a GI Fellow at NNMCM Bethesda. For the past several months he has been afforded the opportunity to practice endoscopy under our gastroenterologist, Dr. Kurland. If you have ever played video games you know how much practice it takes to master the controls. Well, endoscopy is much more difficult. Because of his experience here, Dr. Acosta, has already started to master the psychomotor skills necessary to navigate a camera through a person's GI tract. He will have a tremendous jump start when he begins his fellowship later in June.

Now let's talk about getting a classical medical education while you are here. Read medical literature! You know you have time. There are excellent texts all around you. The internet abounds with things to read. Bring a book to work! If you have a spare moment, read a few pages.

Resist the urge to watch TV or chat with your friends and spend some time reading. Heck! Give up smoking and go on reading breaks. Just tell your coworkers you're going out to pollute your mind. Why should lungs be the only thing we are allowed to pollute? Find out what medical texts are available and develop reading goals. Another idea is to identify a list of topics you want to explore while you are here. Download articles from the Up-to-Date link on the EMFK webpage. Keep a list of the things you have read.

There are also plenty of formal training opportunities throughout the week that you can attend; just check the bulletin boards or ask LT "Bandit". Here's how it is done. There is usually training in the conference tent on Tuesdays and Thursday from 1500-1700. The first hour is a nursing hour; the second hour is a physician hour. Here's the trick. Just show up and absorb whatever you can. It never hurts, even if you open up just a few synapses that weren't open before. All these isolated, half understood, fragments of information are now swimming in your head ready to be tied together with other bits of information along the way. You create a neuro network you can use later in your career, or tomorrow for that matter.

PERSONNEL NEWS

MAY AWARDS

NAVY AND MARINE CORPS ACHIEVEMENT MEDAL

LT RUBEN ACOSTA

JUNE OFFICER PROMOTIONS

CDR SAVOIA-McHUGH
LTJG O' NEILL

LTJG EATOUGH

ENLISTED PROMOTIONS

HM1 TOPAZ RAWLINSON
HM2 ASHLEY ALDEGUER
CE2 BING CHEN
HM2 GUSTIN HUBBLE
HM2 CRESSIE MABINS
HM2 JOHN MCDONOUGH
HM2 ERICKE SLAUGHTER
HM3 ELENA CREUTZBERG
IT3 CHARLES WELLINTIN

HM1 KELVIN VASQUEZLUNA
HM2 RACHEL CAVEY
HM2 MATTHEW HOLMES
HM2 SHURON JEROME
HM2 SYLVIA MCBEE
HM2 VANESSA SILVA
HM3 NATHAN CARSMAN
RP3 JOSHUA SIEGAL

SICK CALL SCREENERS GRADUATES

TMC QATAR

HM1 ARTHUR HILL
HM2 RACHEL CAVEY
HM3 HANNAH DOLLETT
HN HEATHER JACKSON
HN ERIC KAHLER

HM2 ARNEL DAVID
HM3 HEATHER EISENHARDT
HN COURTNEY ARTHUR
HN SHERROD WILLIAMS

TMC ARIFJAN

HM2 ASHLEY ALDEGUER
HM3 CARLOS CERVANTES
HM3 ANTHONY NAVA
HN JOSHUA PHILLIPS
HN PAULMICHAEL SOTELO

HM3 KIRK COURTNEY
HM3 SEAN MAHER
HN CHRISTOPHER BROUGHTON
HN KAVINA BENJAMIN

TMC BUEHRING

HM1 BONIFACIO BALDONADO
HM3 ANDREW BURRAGE
HN DIENA COOPER
HN WILLIAM DAVIS
HM3 KAYTI GRAY
HM2 TANISHA HEYWARD
HM3 MIRIAM LAFFOON
HN KEEGAN MARCANTEL
HM3 VALERIE POCOROBA
HM3 SHAYLA THOMPSON
HN KYLE TUCKER

HN BRADLEY BENNETT
HN LEONARDO CASTANEDA
HM3 ELENA CREUTZBERG
HMCS KARIE EWING
HM2 TYISHA HARDEN
HM3 DANIEL JOLIVETTE
HM2 CRESSIE MABINS
HN ROBERT MCCLACKLIN
HM2 VANESSA SILVA
HN JOHN TUCKER
HM3 ANGEL VICENTE

EMF and 1st Medical Brigade Sailors and Soldiers Roll Up Their Sleeves to Say "Thank You"

By HMC(SW/AW) Adam Breede



Photo by HMC Adam Breede

On June 6, the United States Embassy Kuwait conducted an on-site Blood Drive. This provided the opportunity to thank Kuwaiti citizens for their blood donations to the US Military. A joint effort of twenty-five American Sailors and Soldiers from Expeditionary Medical Facility Kuwait and First Medical Brigade took part by donating blood.

With the Ambassador to Kuwait, Richard LeBaron, away on business, the Charge' de Affaires, Matt Tueller, started his workday as the first volunteer to donate blood and was instrumental in gathering support from Embassy staff.

Medical Technologists from Kuwait Central Blood Bank were on hand to assist. The requirements were simple: Donors filled out a basic medical form, followed by a blood test and a quick blood pressure check. They were ushered in, the procedure began and ten minutes later, they were done.

Gail Sims, the Embassy Foreign Service Health Practitioner spearheaded the blood drive. She noted that giving blood is one of the easiest ways we can help save someone's life. We all expect blood to be there for us when we need it, but too few of us take the time to donate. All we had to do was call the Blood Bank and they took care of the rest.

An estimated 40 units were collected from service members and US Embassy staff.



(L to R), HM1 Robert Johnson, HN Tenja Graham, HN Christopher Broughton and HN Edwin Gombio donate blood.

Photo by HMC Adam Breede

BIOGRAPHY SPOTLIGHT

HM3(FMF) LORRENA CLARK

A HM/DT MERGER HARDCHARGER



By HM2 Kellie Milton and HMC Chris Miller

Nearly one year ago on July 25, 2005 the Hospital Corpsman and Dental Technicians ratings officially merged into one HM rating. EMF Kuwait currently has one DT filling a traditional "HM" billet, HM3 Lorrena Clark. She volunteered to deploy to EMF Kuwait to gain HM skills and to support coalition forces in theater.

Although she is new to the HM rating, HM3 Clark brings some extensive training to the table: An Associates Degree in Sports Medicine, certified ACLS provider, EMT-B, Field Medical Service Technician (FMF), and a Combat Life Saver. Proving to be a reliable asset, she now has experience with emergency care, inpatient nursing, helicopter operations, administrative duties, and basic corpsman skills including, but not limited to, suturing, physical exams, intravenous catheterization, and EKG interpretation. She has volunteered to coordinate the HM/DT difference training for over 20 Hospital Corpsman in Nursing Services. She is furthering her knowledge base through OJT in the Operating Room, Orthopedic Clinic, General Surgery, GI Department, and Radiology. She is involved within the command as a member of the Color Guard, MWR Committee, and the Junior Enlisted Association.

HM3 Clark is from Queens New York and has been stationed with 1st FSSG Camp Pendleton, 3rd FSSG Okinawa, 13th MSSG deployed to Iraq, and is currently stationed with the Naval Health Clinic, Marine Corps Base, Quantico, Virginia. HM3 Clark has requested to extend for an additional 6 month tour at EMF Kuwait. Her goals are to finish her Masters Degree and to become an Oral Surgeon. HM3 Clark's dedication and enthusiasm makes her an asset to the EMF team, and we are proud to have her on board. Keep up the good work!

LCDR TODD SAYLOR, NC, USN



By LCDR Tracy Swanson, NC, USN

LCDR Saylor is from Pottersville, Michigan. He attended Lansing Community College and received an AS in Photography, then went on to Grand Valley State University and received a BS in Photography in 1987. LCDR Saylor continued at Grand Valley State to become a nurse with a BSN in nursing in 1994.

He is currently assigned to the PACU at EMF Kuwait, and is applying to the Navy Nurse Anesthetist Program. His background in nursing encompasses the emergency room, ICU, ward nursing, hemodialysis and management. After joining the Navy in 1994 he has been assigned at Camp Lejeune, Sigonella, Portsmouth, and Bremerton.

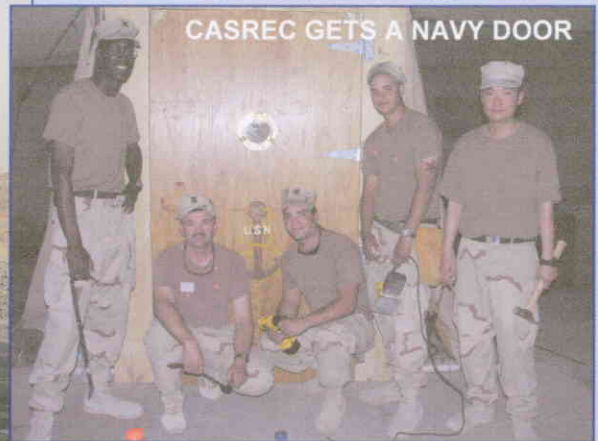
LCDR Saylor married his wife Connie in 1988, who he had met in college. Together they have ten children ranging in age from one to sixteen years old. They are from oldest to youngest: Brian, Eric, Corrie, Benjamin, Bryce, Clarissa, Garrison, Analise, Grant and baby Sylvia. As a family, they enjoy camping (with five tents) and camped extensively in Germany while stationed in Sigonella. They also enjoy karate. He says frequent head counts are required on all family outings as family pets have been mistakenly counted as children. They have a fifteen passenger van for his large family.

EMF IN ACTION

MEMORIAL DAY 5K FUN RUN

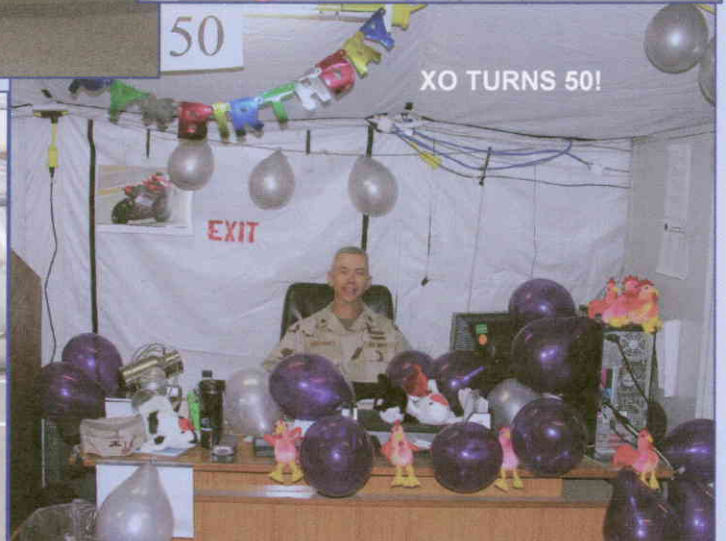


CASREC GETS A NAVY DOOR



50

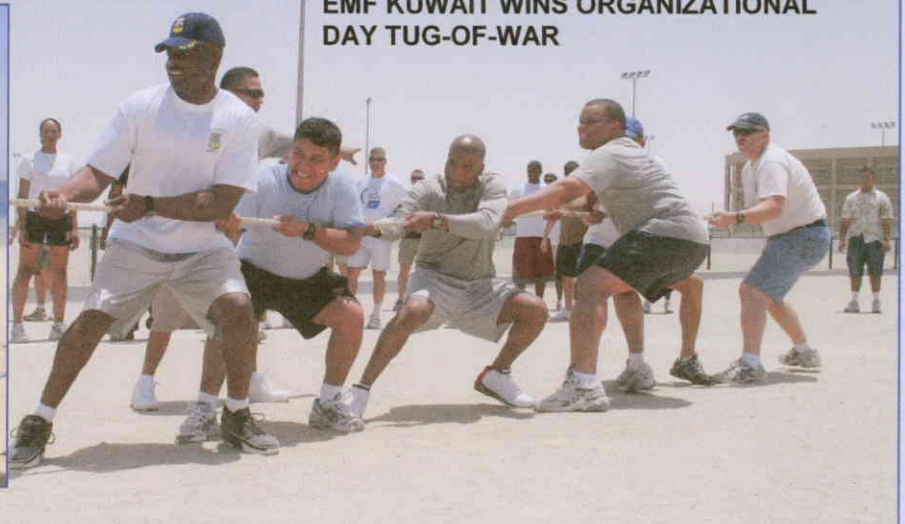
XO TURNS 50!



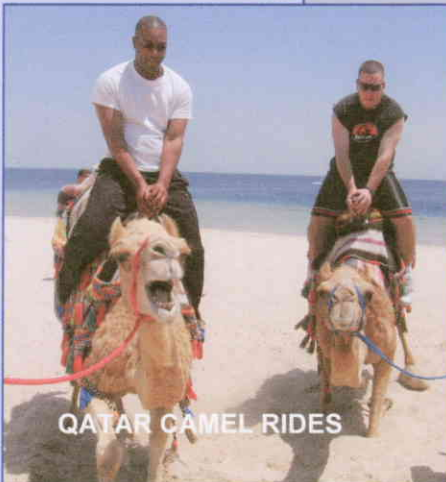
THIS IS A DRILL, THIS IS A DRILL



EMF KUWAIT WINS ORGANIZATIONAL DAY TUG-OF-WAR



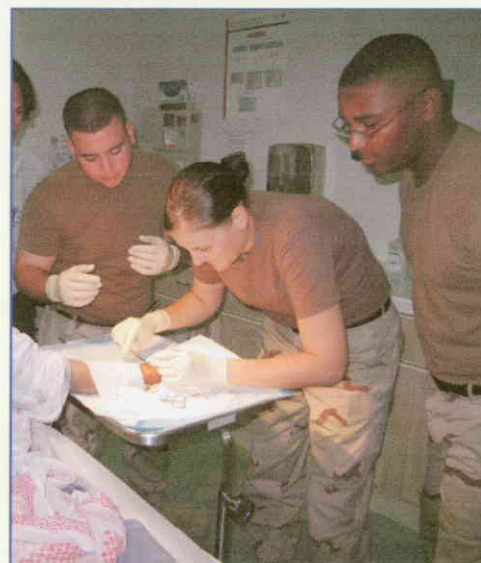
QATAR CAMEL RIDES



TMC QATAR, IN THE NEWS



Front Row (L-R) HN Eric Kahler, HN Heather Jackson, HM2 Rachel Cavey, HM3 Hannah Dollete, HN Courtney Arthur, LCDR Won Moon. Second Row (L-R) HN Sherrod Williams, HM3 Heather Eisenhardt, HM1 Arthur Hill, HM2 Arnel David, HMC Ron Lucky
US Navy Photo



HM3 Heather Eisenhardt cleans and sutures a wound as HN Eric Kahler (left) and HN Sherrod Williams assist and observe.

US Navy Photo

By HMC(SCW) Ron Lucky

Troop Medical Clinic Qatar is preparing for an upcoming mass casualty exercise. They've been involved with other mass casualty exercises since their arrival but this one is a first. The clinic will be coordinating patient evacuation with the host country of Qatar for the first time. Since the clinic is only a level two facility, in the event of a true emergency, some patients would need to be evacuated to a facility with a higher level of care. The TMC will be used as the casualty collection point for patients to be triaged. Once they are stabilized, those needing a higher level of care will be transported to one of the entry control points of the camp. The Qatari EMTs will be awaiting in a prepositioned area for the patient exchange. The patient will then be transported to an appropriate civilian facility that has the necessary capabilities to properly treat the injuries. The patients will be tracked by a uniformed service member physically located with each medical facility. This exercise is a critical piece to the puzzle on how the local country will respond to any major mass casualty in the future.

CMC (continued from page 2)

In Aug 1916, the Hospital Corps was reorganized and its Sailors were renamed **Pharmacist Mates**. They were identified by the red cross on their rating badge. The Hospital Corps remained male only until 1944 when 230 women graduated at Naval Hospital Bethesda. In 1948, Hospital Corpsman replaced the Pharmacist Mate rating and the caduceus replaced the red cross.

Hospital corpsmen were assigned to a multitude of duty and locations needed to support the Navy's involvement in war. During World War I and II, Corpsmen were exposed to dangerous challenges such as duty with the Marine Corps. Facing artillery, mustard gas, and machine gun fire were new experiences. The pre-dawn mustard gas attack in Apr 1908 to a Company of the 4th Marine Brigade produced 235 casualties. Although poisoned themselves, the two company corpsmen worked furiously in treating casualties. During World War II, Hospital Corpsmen treated almost 87,000 Marines. The cost was high as 1,170 Corpsmen were killed in action. Pharmacist Mate Second Class John Bradley's heroism on Iwo Jima was symbolic. He aided a wounded rifleman and shielded him with his own body. Bradley earned the Navy Cross that day. Days later, he and five Marines were captured in Joe Rosenthal's photograph as they raised the second flag on Mt. Suribachi. Corpsmen participated in the Marine landing of Inchon and the frigid retreat from the Chosin Reservoir. In Vietnam, the Hospital Corps largest contribution was their dangerous role as field corpsmen. Starting with 50 who landed in Da Nang, the number grew up to 2,700 to support Marine Divisions and Air Wings and other combat support units. Hospital corpsmen continued to serve with honor, courage and commitment in many parts around the globe such as Granada, Kuwait, and Somalia and at present, in Afghanistan and Iraq where 14 corpsmen have given their life to defend freedom and democracy and to fight the war on terrorism.

From the Boxer Rebellion to World War II, from the Korean War to Vietnam War, and from Operation Desert Shield/Storm to Operation Enduring/Iraqi Freedom; Hospital Corpsmen have served with dedication, gallantry, and bravery; sacrificing their life willingly in service to mankind and their country above and beyond the call of duty. As a result, 22 Hospital Corpsmen were awarded the Medal of Honor, more than 170 were awarded the Navy Cross, and more than 940 were awarded the Silver Star.

HAPPY 108TH BIRTHDAY HOSPITAL CORPS. HOORAH!!!!

CMDCM

What's Your Foot Type?

A Guide to choosing your Running shoes

By LCDR Mary Hupp, MSC, USN

Choosing the correct running or walking shoe is very important to runners, joggers, and walkers. Taking the time to figure out what foot type you are or visiting a running store will be worth the time investment later on. Understanding your personal pronation, how your foot strikes the pavement, is crucial to choosing the proper running shoes.

A simple wet test can tell you if you have flat or high arches, and how to choose your running shoes accordingly. You can go a long way toward discovering what you need in a running shoe by looking at your feet. There are three basic foot types, each based on the height of your arches. The quickest and easiest way to determine your foot type is by taking the "wet test" below.

1. Pour a thin layer of water into a shallow pan.
2. Wet the sole of your foot.
3. Step onto a shopping bag or a blank piece of heavy paper.
4. Step off and look down.

Observe the shape of your foot and match it with one of the foot types at the bottom of the page. Although other variables (such as your weight, biomechanics, weekly mileage, and fit preferences) come into play, knowing your foot type is the first step toward finding the right shoe for you.

Another alternate to the "wet test" is placing your foot into the pool and then place on the concrete. Step off and look down before the imprint fades away.

Foot Types

Normal (medium) Arch: If you see about half of your arch, you have the most common foot type and are considered a normal pronator. Contrary to popular belief, pronation is a good thing. When the arch collapses inward, this "pronation" absorbs shock. As a normal pronator, you can wear just about any shoe, but may be best suited to a stability shoe that provides moderate arch support (or medial stability). Lightweight runners with added support or even a performance-training shoe that offers some support but less heft, for faster feel.

Flat (low) Arch: If you see almost your entire footprint, you have a flat foot, which means you're probably an overpronator. That is, a micro-second after foot strike, your arch collapses inward too much, resulting in excessive foot motion and increasing your risk of injuries. You need either stability shoes, which employ devices such as dual-density midsoles and supportive "posts" to reduce pronation and are best for mild to moderate overpronators, or motion-control shoes, which have firmer support devices and are best for severe overpronators, as well as tall, heavy (over 165 pounds), or bow-legged runners.

High Arch: If you see your heel, the ball of your foot, and a thin line on the outside of your foot, you have a high arch, the least common foot type. This means you're likely an underpronator, or supinator, which can result in too much shock traveling up your legs, since your arch doesn't collapse enough to absorb it. Underpronators are best suited to neutral-cushioned shoes because they need a softer midsole to encourage pronation. It's vital that an underpronator's shoes have no added stability devices to reduce or control pronation, the way a stability or motion-control shoe would.

Investing in a good pair of running or walking shoes is extremely important. You will be putting lots of mileage on your feet and a good pair of shoes is priceless. Visiting a running shoe store will offer invaluable information with regards to your gait and advice for shoes.

Source: http://www.runnersworld.com/article/printer_friendly/0,5046,s6-52-1670-7152,0.html

TMC Camp Buehring Aids Medical Staff of 11th Marine Expeditionary Unit

By LT Jing-jing Cardonna, MC, USN

The recent addition of Marines to the ever-changing population of Camp Buehring has manifested itself in the lengthening of lines for meals at the DFAC, the gym has become much more crowded, and the shelves at the AAFES stores have been harder to keep stocked. The men and women of the 11th Marine Expeditionary Unit have been given a short reprieve from life aboard the USS PELELIU (LHA-5) and have temporarily settled into tents here at Camp Buehring in northern Kuwait.

Staffed with general medical officers, a flight surgeon and several dozen hospital corpsmen, the 11th Marine Expeditionary Unit is independent in caring for the urgent and emergent needs of their Marines. Since being here, the medical assets of the 11th MEU have combined resources with the staff of our Troop Medical Clinic to enhance the first-rate medical care for America's heroes. Troop Medical Clinic Camp Buehring is staffed by Navy personnel of the Expeditionary Medical Facility Camp Pendleton Detachment and includes family physicians, a flight surgeon, a Family Nurse Practitioner, nurses, a Combat Stress Team, general dentists, a dental hygienist and over two dozen hospital corpsmen.

The collaborative relationships forged between the two groups of medical professionals have proven beneficial to both sides. We outfit the MEU's Battalion Aid Station (BAS) with the space and equipment necessary to smoothly operate sick call and, in turn, we have not seen a major increase in business despite the large increase in the base population. We also share the physical space, supplies and manpower within the TMC when it is necessary to provide medical care that exceeds the resources of the BAS. This collaborative approach to healthcare delivery in the operational setting is an indicator of the teamwork and professionalism of all members of the Navy Medicine team in theater. NAVY MEDICINE.....GET SOME!

COMMAND NEWS & EVENTS

Caption Contest #2

Submit your idea for a caption for the picture shown below. Winners will be chosen by the Desert Anchor staff on their humor and originality and will be displayed in our next edition. Your entry can be delivered to HMCS Lohner in person or via e-mail.



Team KNB Wins Volleyball Championship



(L-R) HN Andrew Mooney, HM1 Simeon Cadavos, HMC Brandon Viator, LCDR Lloyd Sloan (in back), ENS Michael Slentz and HN Carmen Richard show off their medals after winning the Kuwait Naval Base Volleyball Championship on 4 June.

Photo by HN Luis Medinareyes

Caption Contest #1 Winner



And the winner, as selected by the *Desert Anchor* Staff, is HMC Chris Miller of Nursing Services with her suggestion of:

"It's so hot, even the camels won't walk !"

2nd place goes to HM3 Steven Powers of APOD (Ali Al Salem)

"...the Air Force camel, however, will normally opt for alternate means of transportation."

OMBUDSMAN INFORMATION

Ombudsmen serve as the civilian advisory and liaison for the command in matters pertaining to the family members of deployed personnel. They are a very important link to the success of any deployment and offer numerous resources, updates, and other valuable information to family members.

The Ombudsman POC for all EMF-Kuwait personnel is Mrs. Becky Cornforth at bycornforth@cpen.med.navy.mil. (Phone: 760-385-9614)

FUTURE COMMAND EVENTS

17 June 108th Hospital Corps Birthday

JUNE BIRTHDAYS

HM3 MICHELLE SILL	HM1 SEAN DOVER
SKC WILL BELL	HM3 DESIREE STEWART
LCDR MARTIN KERR	HM3 JONATHAN PORTER
UT3 CRAIG CARDINER	HM3 SACHMARIE PARKER
HM3 ANDREW BURRAGE	CDR MARY BAVARRO
LCDR CHERYL RAY	HN KEEGAN MARCANTEL
HN JOSE HERRERA	LT JOSEPH MORNEAU
IT3 CRAIG REYNOLDS	CDR WILLIAM CRAIG
LCDR DENNIS SZURKUS	HN CARMEN RICHARD
ET1 BYRIN GALENTINE	HM1 NICOLE GONZALEZ
HM3 JESSICA SQUIRES-LEPAGE	